



The City of Long Beach, California
COMMISSION / COMMITTEE / BOARD
2005 APPLICATION

"Working Together to Serve"

COMMISSION/COMMITTEE/BOARD PREFERENCE (S):

(1) _____ (3) _____
(2) _____ (4) _____

Mr. ☐
Mrs. ☐
Ms. ☐
Other ☐

Name: (Last, First, Middle) _____

Social Security #: _____

Driver License #: _____

Who is your Councilmember or District? _____

Which address & phone number do you want shown in the city roster?
(Required) ☐ Residence ☐ Business

Residence Address: _____

City: _____ Zip _____

Business Address: _____

City: _____ Zip _____

Residence Phone: () _____

FAX/Pager/Other: () _____

Business Phone: () _____

Email address: _____

How long have you been a resident of the City of Long Beach? _____ years

Are you a Registered Voter? _____

EMPLOYMENT EXPERIENCE: (Current to ten (10) years ago):

Employer	Title	Type of Business	City/State	From	To

ORGANIZATION / COMMUNITY INVOLVEMENT EXPERIENCE:

Organization/Society	Title	Type of Work Performed

EDUCATION HISTORY:

From	To	Major	Degree

PROFESSIONAL LICENSES/CERTIFICATES:

License/Certificate	Date Issued	License/Certificate	Date Issued

Some positions require the appointment of persons with specific degrees or certificates, specialized backgrounds or experience. Please indicate below those categories for which you qualify

Accountant <input type="checkbox"/>	Airport Issues <input type="checkbox"/>	Architect <input type="checkbox"/>	Attorney <input type="checkbox"/>	Business <input type="checkbox"/>	Community Service <input type="checkbox"/>
Dentist <input type="checkbox"/>	Disabled Issues <input type="checkbox"/>	Early Childhood <input type="checkbox"/>	Education <input type="checkbox"/>	Electrician <input type="checkbox"/>	Ethnic/Minority <input type="checkbox"/>
Health <input type="checkbox"/>	Historical Preservation <input type="checkbox"/>	Housing Issues <input type="checkbox"/>	Insurance <input type="checkbox"/>	Job Training <input type="checkbox"/>	Low Income <input type="checkbox"/>
Nurse <input type="checkbox"/>	Pharmacist <input type="checkbox"/>	Physician <input type="checkbox"/>	Plumber <input type="checkbox"/>	Realtor <input type="checkbox"/>	Redevelopment <input type="checkbox"/>
Social Service <input type="checkbox"/>	Transportation <input type="checkbox"/>	Veterinarian <input type="checkbox"/>	Water/Marinas <input type="checkbox"/>	Youth Enrichment <input type="checkbox"/>	Other <input type="checkbox"/>

LONG BEACH MUNICIPAL CODE - CODE OF ETHICS (Chapter 2.07)

Prior to assuming office or employment, every City employee, elected City official, City commission, committee or board member shall pledge, in writing, to follow the principles outlined in the Code of Ethics while acting in their official capacity:

Initials: _____

STATEMENT OF ECONOMIC INTEREST FORM: (700 Form)

In compliance with state law, appointees to commissions are required to file a Statement of Economic Interests Form (Form 700) upon appointment, and annually thereafter. Applicants and incumbents are advised that they may be requested to make information available as to any potential conflict of interest arising from their business or affiliations where that affiliation or business may be doing business with the City of Long Beach or the decisions made by the City of Long Beach may influence that business or affiliation.

Initials: _____

In the course of your duties, you will be responsible for your expenses at the time of service. Expenses that are incurred in your position as a City Commissioner will be reimbursed upon filing the proper forms and presenting your receipts.

Initials: _____

Applicants for Charter Commissions (Citizen Police Complaint Commission, Civil Service Commission, Harbor Commission, Planning Commission, Parks and Recreation Commission, and Water Commission) and the Long Beach Redevelopment Agency Board may be subject to an investigation relating to the applicant's background.

Initials: _____

The Citizens Advisory Commission on Disabilities requires that nine (9) members be disabled representatives, and that six (6) members be representatives of agencies that work with the disabled. If you are applying for this commission, please indicate by checking the Category for which you qualify ☐ Disabled ☐ Agency Representative

PERSONAL REFERENCES: (please print names)

Name: _____ Phone: _____ Name: _____ Phone: _____

PLEASE EXPLAIN WHY YOU WISH TO SERVE ON THIS COMMISSION/COMMITTEE/BOARD:

STATISTICAL INFORMATION:

To ensure adequate representation of all ethnicities and cultures in Long Beach, you may choose to volunteer such information below:

Sex: M ☐ F ☐ Ethnicity: _____

Most councilmembers like to review commission applications and endorse when they feel the applicant is qualified for the position they are seeking. If you wish to have your councilmember endorse your application, please have him/her sign below:

Councilmember's Signature _____ Date: _____

Council member's Comments: _____

Applicant's signature:

Date: _____

We will retain your application on file for one (1) year.
 This information is available in an alternative format by request to (562) 570-6801

☛ Please note that this application may be completed on-line, however, it must be submitted with an original signature.

Office Use Only:
 Residence Verified:

Yes: _____
 No: _____